

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Sellum	23	02-26-01
O.I.P.E. CLASSIFIER		866	3/15/01
FORMALITY REVIEW	H. S.		04-02-01
RESPONSE FORMALITY REVIEW	T. S.	140	7-10-01

# INDEX OF CLAIMS

✓ \_\_\_\_\_ Rejected  
 - \_\_\_\_\_ Allowed  
 (Through numeral) \_\_\_\_\_ Canceled  
 + \_\_\_\_\_ Restricted  
 N \_\_\_\_\_ Non-elected  
 I \_\_\_\_\_ Interference  
 A \_\_\_\_\_ Appeal  
 O \_\_\_\_\_ Objected

Claim	Date
1	02/26/01
2	03/15/01
3	04/02/01
4	07/10/01
5	07/10/01
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If more than 150 claims or 10 actions  
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Best Available Copy